

ISSUE SLIP ~~STAPLE~~ AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE                   |
|---------------------------|----------|--------|------------------------|
| FEE DETERMINATION         |          |        |                        |
| O.I.P.E. CLASSIFIER       |          |        |                        |
| FORMALITY REVIEW          | AL       | 917    | 10-6-19-01<br>08-01-01 |
| RESPONSE FORMALITY REVIEW |          |        |                        |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        |      |
| 3        |      |
| 4        |      |
| 5        |      |
| 6        | 0    |
| 7        | ✓    |
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| 20       | 0    |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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